APR 1 1 2005 Please types plus sign (+) inside this box [+]
0001/PTO
U.S. Department of
Patent and Trade Patent and Trademark Office: U.S. Department of Commerce U.S. Department of Commerce Application Number 09/682,421 Patent and Trademark Office Filing Date August 31, 2001 First Named Inventor Donald E. Brodnick TRANSMITTAL FORM Group Art Unit 3762 **Examiner Name** Terri L. Smith (to be used for all correspondence after initial filing) Total Number of pages in this Submission 31-CD-6070 (5024-00134) Attorney Docket Number

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

SUBMITTED BY

Signature

 Complete if Known

 Application Number
 09/682,421

 Filing Date
 August 31, 2001

 First Named Inventor
 Donald E. Brodnick

 Examiner Name
 Terri L. Smith

 Art Unit
 3762

Telephone 414-271-7590

Date April 8, 2005

Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3762			
TOTAL AMOUNT OF PAY	s) \$0.00		Attorney Docket No.		31-CD-6070 (5024-00134)				
TOTAL AMOUNT OF TAIL		η ψΟ.ΟΟ		Attorney Docke	t No.	31-00-0	070 (50	124-00	134)
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-2401  Deposit Account Name: GE Medical Systems-IT									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
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FEE CALCULATION									
1. BASIC FILING, SEAF	FILING			CH FEES	EXAM	INATION F			
Application Type	Fee (\$)		Fee (\$)	Small Entity Fee (\$)	Fee (	Small En (\$) Fee (\$)		Fees Pai	id (\$)
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65	_		
Plant	200	100	300	150	160	80	_		
Reissue	300	150	500	250	600	3,00	_		
Provisional	200	100	0	0	0	0	_		
2. EXCESS CLAIM FEES Small Entity									
Fee Description								Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100									25 100
Multiple dependent claim		ioi Reissues, caeii i	пасрс	indent claim in	ore man	in the origi	nai patent	360	180
	Extra Clain	ns <u>Fee (\$)</u>	Fee F	Paid (\$)	Multip	le Dependen	t Claims		
- 20 = _		_ x=		\$0.00	Fee	(\$)	Fee Paid (	<u>\$)</u>	
HP = highest number of total of Indep. Claims	ciaims paid to Extra Clain		Fee P	aid (\$)					
3 =		_ x=		\$0.00					
HP = highest number of independent claims paid for, if greater than 3									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x = \$0.00									
4. OTHER FEE(S)  Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other:		<u></u>							

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Name (Print/Type) Christopher M. Scherer

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50.655

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